

In re Application of:

Docket No. 35.C5475 CIP/C3 REI

SEISHIRO YOSHIOKA ET AL.

Application No.: 09/384,326

Examiner: M. Day

Filed: August 26, 1999

Group Art Unit: 2879

For: FLAT PANEL DISPLAY INCLUDING

ELECTRON EMITTING DEVICE

Date: March 28, 2001

THE ASSISTANT COMMISSIONER OF PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

X No additional fee is required.

The fee has been calculated as shown below

	CLAIMS AS AMENDED									
	(2) CLAIMS IN EXCESS OF TWENTY AND ALSO IN EXCESS OF THE NUMBER OF CLAIMS IN THE ORIGINAL PATENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE				
TOTAL CLAIMS	* 12	MINUS	**	0	x \$ 9 \$18	0				
INDEP. CLAIMS	* 1	MINUS	*** 5	0	x \$40 \$80	0				
Fee for Multiple Dependent claims \$135°/\$270 0										

	į				TIONAL FEE		0					
	If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.											
***	If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.											
	°Verified Statement claiming small entity status is enclosed, if not filed previously.											
	A check in the amount of \$ is enclosed.											
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.											
Х	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Assistant Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.											
Х	A check in the amount of $$110.00$ to cover the Extension fee for response with a <u>one</u> -month Extension is enclosed.											
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.											
х	office	by telephor	ne at (2	212) 218-21	y be reached 00. All corr ess given bel Attorney Reg. No.	respondent low. for App	e sh	rk ould				

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200